

October 13, 2026

SUBMITTED VIA WWW.REGULATIONS.GOV

Office of the General Counsel
Rules Docket Clerk
Department of Housing and Urban Development
451 Seventh Street SW, Room 10276
Washington, DC 20410-0500

**Re: Comment on HUD's Notice of Research Justifying Additional Incentives for
Certain Activities To Reduce Homelessness; Docket No. FR-6628-N-01**

To Whom It May Concern:

We write to you on behalf of the National Network to End Domestic Violence (NNEDV) and the 88 undersigned to oppose the Department of Housing and Urban Development's (HUD) proposed determination to incentivize certain activities and to argue that HUD has not adequately demonstrated that these activities meet the threshold required by the statute. Furthermore, we argue that HUD's proposed determination could undermine choice, safety, and housing stability for survivors of domestic violence, sexual assault, dating violence, and stalking.

NNEDV is a national nonprofit organization that represents the 56 state and U.S. territorial coalitions against domestic violence, more than 2,500 domestic violence programs, and the millions of survivors they serve every year. NNEDV works closely with its members to understand the ongoing and emerging needs of domestic violence victims and advocacy programs. NNEDV makes sure those needs are heard and understood by policymakers at the national level. NNEDV also provides technical assistance and training across the nation on housing-related implementation of funding from many federal agencies including HUD, Violence Against Women Act (VAWA), and Family Violence Prevention Services Act (FVPSA). NNEDV is joined by the 88 undersigned organizations, who strongly support housing and homelessness interventions that center the safety, autonomy, and individual needs of survivors of domestic violence, dating violence, sexual assault, and stalking.

**I Transitional Housing is an important resource for survivors, but it is not
appropriate or necessary for every survivor experiencing homelessness**

NNEDV and the undersigned organizations agree with HUD that Transitional Housing (TH) can be a vital resource for survivors. We also agree that due to a lack of funding and funding instability, it can also be an unmet need of survivors. However, the success of TH helping certain survivors in certain scenarios, in no way means it is the best approach to help every survivor. There is also no supporting evidence that would indicate the majority of funding should be directed towards this approach, and in fact, this policy change would be deeply harmful to both survivors newly seeking help, and those already living in Permanent Supportive Housing (PSH).

The notice's own data tells the story. In 2024, only 6 percent of the national Continuum of Care (CoC) award went to Transitional Housing or Supportive Services Only projects, down from 36 percent in 2009. Meanwhile, the nationwide supply of permanent housing offered by PSH and Rapid Re-Housing (RRH) has increased 100 percent since 2013. That shift is not an accident and is the product of years of evidence showing that permanent housing, not time-limited housing, is what actually ends homelessness. The notice now moves in reverse, and it does so by citing the very decline in transitional housing it proposes to reverse, a 60 percent drop in national supply since 2007 as though a shrinking supply were evidence of demand rather than of a considered policy judgment. Transitional housing is capped at 24 months by definition. For a survivor, an exit at 24 months is precisely the moment stability is most needed and most fragile. PSH has no such cliff.

In their notice, HUD quotes NNEDV's 20th Annual Domestic Violence Counts Report¹ to support their argument that TH is a major unmet need for survivors. NNEDV does not contest this. However, HUD intentionally leaves out the important context that TH is just one intervention in a continuum of other lifesaving housing interventions, and these are all vital unmet needs. The full finding reads, "Programs were unable to meet 13,018 requests for help from victims because they lacked sufficient resources, funding, and/or staffing. The majority of these unmet requests (58%) were for emergency shelter, hotels, motels, transitional housing, and other housing." "Other housing" includes emergency shelter, rental assistance, flexible financial assistance, RRH, emergency and housing choice vouchers, rural development vouchers, homelessness prevention programs, PSH, or other housing that is provided by DV organizations. The full quote goes on to say, "Survivors and their children need a safe place to stay as they escape abuse and rebuild their lives. Programs need increased funding to provide shelter, housing, safety planning, and other services to all survivors seeking help while also working toward preventing violence in their communities."² The findings of this report are clear: services and programs supporting DV survivors are severely underfunded, and the majority of unmet requests for services were for housing. Access to housing is equally as important for survivors of sexual assault. According to the National Alliance to End Sexual Violence's Annual Rape Crisis Survey, over 70% of rape crisis centers reported an increase in housing related requests while also identifying housing as the number one unmet need faced by survivors of sexual assault.³ TH funded by HUD and the Department of Justice (DOJ) Office of Violence Against Women (OVW) are an essential part of these unmet needs, as are HUD funded PH options including both PSH and RRH. To suggest that NNEDV believes TH is the most important need for survivors is misleading and inaccurate.

Over the past ten years, programs have successfully implemented RRH and DV Housing First (DVHF)⁴ across the country with HUD RRH and PSH funding. Rapid Rehousing is one of the two activities Congress itself identified in Section 428 as warranting incentives, alongside PSH,

¹ National Network to End Domestic Violence (2026). 20th Annual Domestic Violence Counts Report. Washington, DC. NNEDV.org/DVCounts.

² "Exact quotation from the report" (National Network to End Domestic Violence 2026, under subheading.

³ National Alliance to End Sexual Violence (2025). Rape Crisis Center Survey Report. Washington, DC. <https://endsexualviolence.org/resource/rape-crisis-center-survey-report>

⁴ Office of the Assistant Secretary for Planning and Evaluation. (n.d.). Domestic violence housing first demonstration evaluation. U.S. Department of Health and Human Services. <https://aspe.hhs.gov/dvhf-demonstration-evaluation>; Domestic Violence Evidence Project. (n.d.).

and the evidence supports that choice. RRH has been demonstrated to move survivors successfully into permanent housing, to reduce the length of time people experience homelessness relative to shelter or transitional housing, and to cost less than either increasing program efficiencies and cost benefits for taxpayers. It is effective for sub-populations, specifically including people with limited or no income and survivors. The HUD-funded RRH for Homeless Families Demonstration found no statistically significant difference in housing stability outcomes between participants with a history of domestic violence and those without a history of domestic violence. The demonstration also found that participants who received more than one year of assistance had greater housing stability than those who received shorter periods of assistance.

Transitional housing was the dominant survivor housing model from the 1970s through the 2000s. The battered women's movement built it as a deliberate alternative to the shelter system with longer stays, communal living, and on-site advocacy. The HEARTH Act of 2009 then expanded the definition of homelessness to include people fleeing DV under the Category 4 definition, which brought survivors formally into the CoC system and made them subject to its competitive scoring for the first time. That scoring rewarded chronicity, length of time homeless, and crisis-service utilization. Survivors systematically underperformed on these measures and did not score high on scoring tools. During that time, HUD federal policy deliberately shifted resources toward permanent housing, on the strength of evidence that RRH and PSH produced better outcomes for less money and more efficiently. The result was steep, structural defunding of transitional housing for the victim services field. Survivors were left competing for a shrinking set of transitional beds while the RRH that replaced them was not funded at anything like the scale needed. NNEDV worked closely with HUD and Congressional appropriators to address the systems gap. The HUD CoC DV/SA Bonus was created to address this gap and lack of housing options within the CoC for survivors, and successfully shifted the field to move toward DVHF rather than back toward the model that was defunded. The field lost transitional capacity *and* there was not a plan for adequate permanent housing to replace it, which is precisely what the DV/SA Bonus has filled and what we have advocated for. In 2015, federal agencies (HUD, HHS, DOJ-OVC/OWV, and USICH) launched the Domestic Violence and Housing Technical Assistance Consortium (DVHTAC) to address the impact of domestic violence on family homelessness. Together, these federal partners funded four organizations to improve policies, identify promising practices, and strengthen collaborations necessary to improve housing options for survivors of DV/SA. Though no longer prioritized as of FY27, the DVHTAC worked with victim service and homelessness/housing service providers nationwide for more than a decade, building their capacities to implement the full range of housing models proven to be effective, including TH, RRH, and DVHF.⁵

In 2017, NNEDV worked in close collaboration with appropriators and HUD leadership during the first Trump administration to create and fund the HUD DV/SA Bonus Funds annually in the amount of \$52 million for RRH, the Joint Component Project (TH-RRH), and Supportive Service Only (SSO)-Coordinated Entry (CE) after the loss of transitional housing resources. The HUD DV/SA Bonus is not one administration's preference imposed on the field. The DV/SA

⁵ Domestic Violence Evidence Project. (2026). Transitional and rapid rehousing brief. National Resource Center on Domestic Violence.
<https://www.dvevidenceproject.org/evaluation-resources/transitional-and-rapid-rehousing-systematic-brief/>

Bonus funds came from years of bipartisan work to establish a dedicated RRH set-aside so that survivors could compete in a process that had systematically scored them out. It was implemented and supported under the first Trump administration, which recognized that survivors needed dedicated funding to access the CoC. Now it is being narrowed by the same administration absent any evidence showing the need has changed. Nothing in this change adds housing; it only reallocates resources while creating significant disruption for survivors and victim services programs. Rewriting the incentive structure every four years makes the infrastructure fragmented and unworkable. Survivors make housing decisions within days under acute pressure, and the programs they rely on depend on multi-year cycles, landlord relationships, and referral pipelines that take years to build. Communities cannot plan, landlords cannot be recruited, and no provider can promise a survivor anything beyond the current funding round when the rules change with each transition. Additionally, incentivizing TH at the expense of PH, could displace survivors currently housed in TH potentially causing evictions, homelessness, and further harm and violence. Administrative and system actions of this nature become yet another factor which contributes to the cycle of housing insecurity and lack of safety for survivors. The case for survivor housing has never belonged to one administration. It should not be re-litigated at every transition.

II Conditioning housing on participating in supportive services conflicts with the Family Violence Prevention and Services Act (FVPSA) and its implementing regulations.

Restoring autonomy and power over one's life is central to securing long-term safety for survivors of domestic violence. Domestic violence is a pattern of coercive control maintained through abuse, including harmful tactics that systematically restrict survivors' autonomy, independence, and freedom to make their own decisions about their lives.⁶ Therefore, ensuring that supportive services are voluntary is an integral component of a trauma-informed approach to serving survivors of domestic violence.⁷ Indeed, many studies have found that a low-barrier, voluntary services model has positive results for both survivors and providers, including research finding that voluntary services "are inherently more survivor-centered than mandated service models, and are linked to increased survivor autonomy and empowerment."⁸

In recognition of the importance of survivor agency, the Family Violence Prevention and Services Act (FVPSA) and its implementing regulations expressly require that supportive services must be available to survivors on a *voluntary* basis and prohibit conditioning the receipt of emergency shelter on participation in counseling and other services. 42 U.S.C. § 10408(d); *see also* 45 C.F.R. § 1370.10(b)(10). In other words, providers "cannot compel or force individuals

⁶ Cris M. Sullivan, Ph.D., *Creating Safe Housing Options for Survivors: Learning From and Expanding Research* (2017), <https://wscadv.org/wp-content/uploads/2017/07/LearningFromResearch-Housing-NRCDV-6-2017-1.pdf>.

⁷ National Network to End Domestic Violence, *The Basics of the Voluntary Services Approach*, <https://safehousingpartnerships.org/wp-content/uploads/2024/11/The-Basics-of-the-Voluntary-Services-Approach.pdf>.

⁸ Leila Wood, Dessie Clark, Laurie Cook Heffron, & Rachel Voth Schrag, *Voluntary, Survivor-Centered Advocacy in Domestic Violence Agencies*, *Advances in Social Work* 20(1) (2020), at 3, <https://journals.indianapolis.iu.edu/index.php/advancesinsocialwork/article/view/23845/23117>.

to come to a shelter or participate in counseling or other services.”⁹ This is especially important for survivors of domestic violence because requiring them to participate in services takes away some of their ability to make decisions about their own lives, particularly when their autonomy has already been restricted through abuse and coercive control. Moreover, the Violence Against Women Act (VAWA) prohibits covered housing programs from denying admission or assistance, terminating participation, or evicting an individual on the basis that they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. 34 U.S.C. § 12491(b)(1).

The Notice conflicts with these key protections by incentivizing the implementation of supportive service participation requirements for CoCs and providers. Imposing these participation requirements would not only conflict with providers’ legal obligations under FVPSA and related provisions, but also impair providers’ mission and ability to provide trauma-informed and survivor-centered care that prioritizes the autonomy and safety of those they serve. Many providers may be forced to take costly and burdensome steps to revise existing program policies and practices to implement these participation requirements, or to forego certain grant opportunities at a time when they are already facing funding shortfalls.¹⁰ The Notice’s participation requirements also could interfere with the trust and relationships that providers have built with survivors by failing to consider or account for their individualized needs or goals.

In addition, the Notice’s participation requirements would harm survivors by decentering their individualized needs and goals while limiting their ability to make decisions about their lives. Moreover, conditioning housing on participation in supportive services would effectively exclude many survivors from housing by discouraging them from seeking assistance and even causing some to exit programs before they have secured safe and stable alternative housing for themselves and their families. These concerns are particularly significant because abusive partners and former partners may actively interfere with survivors’ ability to access or participate in supportive services. In a survey of National Domestic Violence Hotline callers¹¹, nearly half (49.8%) of survivors who had sought help for mental health concerns reported that a partner or former partner had tried to prevent or discourage them from getting help or taking prescribed medication, while 60.1% of those who had sought help for substance use reported that a partner or former partner had tried to prevent or discourage them from getting that help. The survey also found that 89% of callers had experienced at least one form of mental health coercion and 43% had experienced at least one form of substance use coercion. These findings demonstrate that barriers to participating in mental health and substance use services may themselves be a tactic of abuse and coercive control. Conditioning housing on participation in supportive services could

⁹ Kara Clifford Billings & Mary Daniels, Family Violence Prevention and Services Act (FVPSA): Background and Funding, Congressional Research Service (Jan. 15, 2026), https://www.congress.gov/crs_external_products/R/PDF/R42838/R42838.26.pdf.

¹⁰ Jasmine Mithani & Mariel Padilla, No one to answer the phone: What a missing \$150 million means for domestic violence services, The 19th (May 28, 2026), <https://19thnews.org/2026/05/domestic-violence-federal-funding-impact/>.

¹¹ Warshaw, C., & Tinnon, E. (2018). Coercion related to mental health and substance use in the context of intimate partner violence: A toolkit for screening, assessment, and brief counseling in primary care and behavioral health settings. National Center on Domestic Violence, Trauma & Mental Health. https://sprc.org/wp-content/uploads/2022/12/NCDVTMH_IPV_ScreeningMH_SA_CoercionToolkit2018.pdf

therefore penalize survivors for circumstances created or exacerbated by their abuse and could put their access to safe, stable housing at risk.

These impacts would be particularly devastating for survivors who face increased barriers to participation in supportive services, including survivors with disabilities and/or substance dependence, survivors with children, survivors with limited English proficiency, immigrant survivors, and other survivors from marginalized and otherwise vulnerable backgrounds.¹²

III HUD must address confidentiality and VAWA protections before requiring additional participant information

Along with the statutory conflicts outlined above, the requirement of supportive services also raises major concerns about how participation will be tracked and how this may impact survivor confidentiality. The activities HUD seeks to incentivize may require providers to monitor and document individual participant behavior, including participation in supportive services, engagement in treatment, recovery from substance use, employment and income outcomes, and more. To the extent that HUD expects CoCs to document these activities in order to demonstrate compliance, they must address what protocols they will put into place to protect survivor confidentiality.

Under 34 U.S.C. § 12491(c)(4), information submitted to a public housing agency, owner, or manager in connection with a survivor's request for VAWA protections, must be maintained in confidence and may not be entered into a shared database or disclosed to another entity or individual, except in limited circumstances. *Accord* 24 C.F.R. 5.2007(c) (requiring information be maintained in "strict confidence"). These requirements are designed to ensure a survivor's safety when exercising their rights under VAWA. Survivors are often concerned about how their information will be used and that the information could be shared in a way that jeopardizes their safety. Survivors may also hesitate to disclose deeply personal experiences of trauma, which can be painful to recount and may carry well-founded fears of judgment or disbelief.

Additionally, under 34 U.S.C. § 12291(b)(2), VAWA grantees and subgrantees must protect the confidentiality and privacy of victims and generally may not disclose personally identifying or individual information collected in connection with services requested, utilized, or denied. A victim also cannot be required to consent to the release of this information as a condition of eligibility for services. Although HUD's Notice only applies to the CoC programs funded under HUD, many shelters funded under this program also receive funds through VAWA and therefore would be held to the above standard of the law.

HUD's Notice does not adequately address any confidentiality requirements, guidelines, or standards, therefore raising additional concerns about survivor participation in this programming. A program should not be placed in a position where they must collect information about a survivor's participation in order to comply with HUD, while simultaneously being required to protect that survivor's confidentiality under federal statute.

¹² Fred Berman, *Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot*, American Institute for Research (2016), https://www.air.org/sites/default/files/ES04_Rules_Vol_Svcs_Empow.pdf.

IV Employment outcomes, sobriety, and ‘self-sufficiency’ are not appropriate measures of success for all survivors

NNEDV and the undersigned organizations are concerned about the emphasis on employment outcomes, sobriety, and ‘self sufficiency’ as measures of success. Although employment, recovery, and economic independence may be important goals for some survivors, this framework does not begin to encapsulate the needs of survivors and what positive outcomes look like for each individual. For survivors of domestic violence, dating violence, sexual assault, and stalking, safety and stable housing are themselves critical outcomes that must be recognized when evaluating if an intervention is effective.

Survivors often must leave their homes to escape life-threatening violence from an abuser. Some survivors may choose to move following an assault in or near their home. Others may remain safely housed for years until something urgent happens, like the perpetrator moving into the neighborhood. What was once safe, stable housing can quickly become unsafe. Securing safe, affordable housing is a crucial step on the pathway to a survivor’s long-term security and often means the difference between being able to leave, and having no choice but to stay. Housing can, in itself, provide the foundation for survivors to address the many other consequences of abuse, including financial instability, disrupted employment, health and mental health needs, the needs of their children, and more.

Domestic violence can itself create barriers to employment and economic independence. Abusers may interfere with a survivor’s employment and control their access to money. Survivors may also need to leave employment because their abuser knows where they work. Sexual assault survivors may not be able to sustain their job short or long term following an assault. They may fear that the person causing harm will show up at their job. The assault may have occurred at or near their workplace. Or they may have unaddressed trauma that manifests in a variety of ways negatively impacting their ability to get to, show up, or be present at work. Therefore, measuring a survivor's employment and financial success cannot be treated as an adequate assessment of a housing intervention’s effectiveness.

V Conclusion

NNEDV and the undersigned organizations urge HUD to carefully consider the policy changes they seek to make to the CoC program, and pay particular attention to how these changes will impact survivors of domestic violence, sexual assault, dating violence, and stalking.

HUD should ensure that any CoC incentives preserve survivor choice and autonomy, protect confidentiality, align with current statute under VAWA and FVPSA, and recognize safe and stable housing as a meaningful outcome for survivors.

We believe the changes HUD seeks to make will have significant negative impacts on survivors and the larger community. At the same time, HUD did not provide enough meaningful information to demonstrate their plans as effective; on the contrary, the above comment has provided significant research demonstrating the opposite. The HUD CoC DV/SA Bonus Funding

is the largest funding source dedicated to survivor housing. Any loss or redirection of this funding due to ineffective or inappropriate policy changes would have significant consequences for survivors and the programs that serve them.

Throughout their Notice, HUD argues that the policy changes they seek to make will benefit survivors; NNEDV and the 88 allied organizations respectfully disagree. Nothing in the notice adds a unit of housing. Its only possible effect is reallocation, and for survivors reallocation of this kind is harmful. Housing instability is among the most reliable predictors of continued violence, and separation is one of the most lethal periods in a survivor's life. Narrowing access to permanent housing, or steering survivors into twenty-four-month programs with participation conditions mirroring power and control, limits survivor options and potentially returns them to harm doers, to emergency shelters that are at or exceed capacity, to emergency rooms, to law enforcement contact, and in the worst cases could end in homicide.

HUD needs to seriously fund housing for survivors. Survivor housing receives about 1.25%, roughly \$50 million out of \$4 billion of the HUD CoC annual appropriations. Permanent affordable housing, housing vouchers, and RRH are evidence-based interventions that give a survivor the stability, confidentiality, and open-ended time required to rebuild a life after violence. Trading that for short-term transitional housing or conditional alternatives makes survivors less safe, and increases displacement of currently housed PSH neighbors into homelessness.

We urge HUD to rescind this Notice and instead pursue policies that preserve survivor choice and autonomy, protect confidentiality, maintain access to a range of housing interventions, and support the safety and housing stability of survivors.

Thank you for your time,

National Network to End Domestic Violence
Abuse and Rape Crisis Center
Alabama Coalition Against Domestic Violence
Am Samoa Alliance against DVSA
Arizona Coalition to End Sexual and Domestic Violence
Asian Americans for Community Involvement (AACI)
California Partnership to End Domestic Violence
Canyon Creek Services
Center for Community Solutions
Centre Safe
Columbus Alliance for Battered Women, Inc. d/b/a Hope Harbour
Courage Connection
Crisis Center for South Suburbia
CT Coalition Against Domestic Violence
DC Coalition Against Domestic Violence
Domestic Violence Services of Lancaster
Domestic Violence Services of Southwestern Pennsylvania
DOVE Center

Embrace Services, Inc.
Empower Tehama
End Domestic Abuse Wisconsin
Equal Rights Advocates
Family Promise
Family Services Inc.
Friends of the Family
Georgia Coalition Against Domestic Violence
HOPE of Ogle County
Huntingdon House
Illinois Coalition Against Domestic Violence
Indiana Coalition Against Domestic Violence, Inc.
Jane Doe Inc. (MA SA/DV Coalition)
Kansas Coalition Against Sexual and Domestic Violence
Lake Family Resource Center
Lassen Family Services
Latinas Unidas por un Nuevo Amanecer (L.U.N.A.)
Los Angeles LGBT Center
Louisiana Coalition Against Domestic Violence
Lumina Alliance
Maine Coalition Against Sexual Assault
Maine Coalition to End Domestic Violence
Manitowoc County Domestic Violence Center dba InCourage
Maryland Network Against Domestic Violence
Michigan Coalition to End Domestic and Sexual Violence
Mid MN Legal Aid
Montana Coalition Against Domestic and Sexual Violence
National Alliance to End Sexual Violence
National Domestic Violence Hotline
National Housing Law Project
National Resource Center on Domestic Violence
Nebraska Coalition to End Sexual and Domestic Violence
Nevada Coalition to End Domestic and Sexual Violence
New Hope Crisis Center
New Horizons Shelter and Outreach Centers, Inc
New Jersey Coalition to End Domestic Violence
New Mexico Coalition Against Domestic Violence
New York State Coalition Against Domestic Violence
Ohio Domestic Violence Network
Oregon Coalition Against Domestic and Sexual Violence
Pennsylvania Coalition Against Domestic Violence
Respect Together
Rhode Island Coalition Against Domestic Violence
Riverside Area Rape Crisis Center dba NORA
Safe Home
Schuylkill Hope Center for Victims of Domestic Violence

Seekhaven, Inc
Tennessee Coalition to End Domestic and Sexual Violence
Texas Council on Family Violence
The Network: Advocating Against Domestic Violence
The North Carolina Coalition Against Domestic Violence
Thrive Together Today, Inc.
Tundra Women's Coalition
Turning Point of Lehigh Valley, Inc
Utah Domestic Violence Coalition
ValorUS
Vermont Network Against Domestic and Sexual Violence
Victim Rights Law Center
Victim Services Inc.
Violence Free Iowa
Violence Free Minnesota
Virginia Sexual and Domestic Violence Action Alliance
West Virginia Coalition Against Domestic Violence
Wild Iris Family Counseling & Crisis Center
Wisconsin Coalition Against Sexual Assault
Women Against Abuse
Worker Center for Racial Justice
YWCA of Greater Portland
YWCA USA
YWCA Utah